

2015 Quabbin Fishing Area Season Pass Application



PLEASE PRINT CLEARLY

Last Name:		First Name:		
Mailing Address:				
City/Town:		State:	Zip:	
Gender: [] Male	[] Female D	Date of Birth (mm/dd/yy	yyy):/	
Phone Number: (_)	Email (optional):		
Boat Registration #'s	: Boat 1:	Boat 2:		
NOTE: App	olication must be	presented in person	when purchasing	pass.
Conditions: Passes will be Launch Areas Passes are val Passes are no The person na	2+) - \$25 (<i>Positive pro</i> - \$25 (<i>Handicapped</i>) e issued at the Quabbic once they open for the did for parking and bo n-transferable.	n Visitor beginning Mar	ch 22, 2015 and at the Quabbin Reservoir Fish eing used.	
Permit fee is :All permits ex	non-refundable. xpire on the last day o	at Launch Areas apply. of the Quabbin Fishing So at (413) 323-7221 with a		
	Location:	\exists		
Date:	Permit #:	(Add H or S to	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
[] Cash [] C	heck or Money Order	r (#:)	[] BLA#2 [] BLA#3	
Make checks p	ayable to Commonv	wealth of MA	[] 22.10	⅃ ┃

Initials:

➤ If Senior, verify that year of birth is 1953 or earlier: [] Yes

➤ Handicapped placard # (if applicable): _____